Received Date………………………SMRL Lab No……..………………………………...

# SCOTTISH MYCOBACTERIA REFERENCE LABORATORY – FORM

|  |  |
| --- | --- |
| Microbiology LaboratoryRoyal Infirmary of EdinburghLittle France 51 Little France CrescentEdinburghEH16 4SA | **Telephone numbers: -** **Enquiries 0131-242-6016**Dr. Ian F Laurenson, Director 0131-242-6079Dr Olga L.Moncayo, Deputy 0131-242-6070Dr Donald Inverarity, Deputy 0131-242 -6082Pauline Claxton, BMS Team Manager 0131-242-6009Laboratory 0131-242-6022[Loth.Smrl@nhslothian.scot.nhs.uk](file:///C%3A%5CUsers%5Clouise.seagar%5CAppData%5CLocal%5CTemp%5C5b1c8898-4279-421f-bfb6-dc1309d07937%5CLoth.Smrl%40nhslothian.scot.nhs.uk)  |

Patient’s Surname Forename Sex M / F

Home Address Date of Birth / /

 Postcode

Country of Origin Race or Ethnic Group

Hospital or Clinic No. Laboratory Reference No

CHI Number

Patient’s Hospital……………………………………………….Patient’s Consultant………………………….

Sending Laboratory

Date of specimen (or received date) / / AFB Microscopy of specimen POS / NEG

Molecular results where done: Y/N If Y: Which test………..MTBc POS/NEG Rifampicin sensitive/resistant Isoniazid sensitive/resistant, Other comment:…………………………………………………………………

Sample Type: - Positive Culture  or Primary Specimen 

Specimen type/Isolation site

Antimicrobials at the time of sampling

Comments From Local Laboratory. ……. ……. ……. ……. ……. ……. ……. ……. ……. …….

The form below for SMRL use only

 AP Film of Specimen = Neg + ++ +++

|  |  |  |  |
| --- | --- | --- | --- |
| **Glycerol Date** **…/……….** | **Pyruvate Date** **…/……….** | **MGIT/MB Date** **…/……….** | **BA - NG ………………..**  |
| **Sub to: -** | **Date sub’d: -** **/ /** | **BA - Contaminated**  |
| **ZN Result: - E B D S / M / L** | **Sens required: -** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |  |
| Action |  |  |  |  |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |  |  |  |  |
| Action |  |  |  |  |  |  |  |  |  |  |
| Date |  |  |  |  | …………/…………./………. |
| Action |  |  |  |  | Growth E or D | PigmentY / N | For SEQ |

|  |  |
| --- | --- |
| **Culture Identified as: -** | **Date: -…………./……………/……………** |